



### RESIDENCY DECLARATION (Submit Government-Issued Identification)

I claim legal residency in Hawaii from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ on the basis of:

- |  |   |
|--|---|
| <input type="checkbox"/> Myself (I am 18 years old)                              | <input type="checkbox"/> Parent (I am under 18 and not married) |
| <input type="checkbox"/> Legal guardian (Submit copy of court order appointment) | <input type="checkbox"/> Myself and parent                      |

- |  |  |
|--|--|
| <input type="checkbox"/> I was born in the United State or its Territories.  | <input type="checkbox"/> I was not born in the United States of America. |
| <input type="checkbox"/> I am not claimed as a dependent on my parents/legal guardian's personal income tax form for the current year.               |  |
| <input type="checkbox"/> I am claimed as a dependent on my legal residential parents'/legal guardian's personal income tax form for the current year |  |
| <input type="checkbox"/> I am claimed as a dependent on my non-residential parents'/legal guardian's personal income tax form for the current year   |  |

### LEGAL DECLARATION [Submit Abstract/Letter of Clearance]

- |  |
|--|
| <input type="checkbox"/> I have been arrested in the past. When? _____ For What? _____ Result? _____         |
| <input type="checkbox"/> I am on Probation for Juvenile Status. Probation Officer's Name: _____ Phone: _____ |
| <input type="checkbox"/> I have pending cases against me. My court date is set for: _____ Charge: _____      |
| <input type="checkbox"/> I have pending activities, i.e., Community Service, that I must complete by _____.  |

### ALCOHOL AND DRUG FREE DECLARATION [Submit Academy-Approved Drug Test]

- |   |
|---|
| <input type="checkbox"/> I understand that the Academy is a Alcohol / Drug Free Environment with a Zero Tolerance Policy against Drug Usage.        |
| <input type="checkbox"/> I understand that I may be dismissed from the Academy immediately if my Drug Test is positive.                             |
| <input type="checkbox"/> I understand that I will submit myself to the Random Drug Tests administered by the Academy at various stages of training. |

### MEDICAL DECLARATION [Submit Medical Physical Clearance within 12 months]

- |   |
|---|
| <input type="checkbox"/> I understand that the training at the Academy is physically, emotionally, and mentally demanding.                            |
| <input type="checkbox"/> I understand that any medical information requested is for the sole purpose of my safety and welfare during training.        |
| <input type="checkbox"/> I understand that I must submit a current Medical Physical conducted by an authorized AMA Board Certified Physician.         |
| <input type="checkbox"/> I understand that I must submit any type/form of clearance for any injury identified as occurring within a year of applying. |
| <input type="checkbox"/> I understand that I must submit all documentations of and medications to the Academy Medical Officer for dispensing.         |

### MENTOR PROSPECT

- |  |
|--|
| <input type="checkbox"/> I understand that a Mentor is a drug-free Person of Positive Influence in my life.                                  |
| <input type="checkbox"/> I understand that a Mentor is to be 23 years of age or older and of the SAME GENDER as I am.                        |
| <input type="checkbox"/> I understand that a Mentor is not an IMMEDIATE FAMILY MEMBER (including Parents, Siblings and Grandparents).        |
| <input type="checkbox"/> I understand that a Mentor CANNOT be living in the same household as I am.  |
| <input type="checkbox"/> I understand that a Mentor must attend a Mentor Training Workshop.  |
| <input type="checkbox"/> I understand that a Mentor must clear a Legal Background Check for my safety.                                       |
| <input type="checkbox"/> I understand that I must submit a full Mentor Application, with 2 Character References, to complete my Application. |

Mentor Prospect 1:

|                            |                     |            |                       |
|----------------------------|---------------------|------------|-----------------------|
| NAME _____                 | GENDER _____        | DOB: _____ | MARITAL STATUS: _____ |
| RELATIONSHIP TO YOU: _____ | CONTACT INFO: _____ |            |                       |

Mentor Prospect 2:

|                            |                     |            |                       |
|----------------------------|---------------------|------------|-----------------------|
| NAME _____                 | GENDER _____        | DOB: _____ | MARITAL STATUS: _____ |
| RELATIONSHIP TO YOU: _____ | CONTACT INFO: _____ |            |                       |

### APPLICANT'S CERTIFICATION

I certify that the responses provided on this Application Form are complete and true to the best of my knowledge and belief. **I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission.** I agree to provide documents relative to the determination of my residency status and age upon request. Further, I understand that the Academy shares a common database and information pertaining to me may be accessed by all authorized Academy Personnel.

|             |                              |
|-------------|------------------------------|
| Date: _____ | Applicant's Signature: _____ |
|-------------|------------------------------|

|             |   |
|-------------|---|
| Date: _____ | If Applicant is under 18,<br>Parent/Guardian's Signature: _____ |
|-------------|---|